

Transitional Local Bankruptcy Form 4008.1

[Caption as in Bankruptcy Official Form No. 16B]

COVER SHEET FOR REAFFIRMATION AGREEMENT

This form must be completed in its entirety and filed within the time set under FED.R.BANKR.P. 4008. It may be filed by any party to the reaffirmation agreement. The filer also must attach a copy of the reaffirmation agreement to this cover sheet.

Debtor's Name: _____ Creditor's Name: _____

1. Amount of debt as of commencement of case: \$ _____

2. Amount of debt being reaffirmed: \$ _____

3. Describe collateral, if any, securing debt: _____

4. Repayment term of reaffirmation (number of months): _____

5. Monthly payment:

Prior to reaffirmation: \$ _____ After reaffirmation: \$ _____

6. Annual percentage rate under reaffirmation:

Prior to reaffirmation: _____ After reaffirmation: _____

7. Debtor's monthly income at time of reaffirmation: \$ _____

8. Income from Schedule I, line 16: \$ _____

9. Explain any difference in the amounts set out on lines 7 and 8: _____

10. Debtor's monthly expenses at time of reaffirmation: \$ _____

(do not include the monthly expense of this reaffirmed debt)

11. Current expenditures from Schedule J, line 18: \$ _____

12. Explain any difference in the amounts set out on lines 10 and 11: _____

☐ Check this box if the amount on Line 10 of this form exceeds the amount on Line 7 of this Form. If these expenses exceed the income, a presumption of undue hardship arises.

☐ Check this box if the debtor **was not** represented by counsel during the course of negotiating this reaffirmation agreement.

FILER'S CERTIFICATION

I, _____, hereby certify that the attached agreement is a true and correct copy of the reaffirmation agreement between the parties identified on this Cover Sheet for Reaffirmation Agreement.

Dated: _____

By: _____

Counsel /Agent for _____

Attorney registration number

Business address

Telephone number

Facsimile number

E-mail address

DEBTOR'S CERTIFICATION

(see FED. R. BANKR. P. 4008(b))

I, _____, certify that any explanation contained on lines 9 or
(name of debtor)
12 of this form is true and correct.

Dated: _____

By: _____

Signature of debtor

Printed name of debtor

Home address

Telephone number

Facsimile number

E-mail address

I, _____, certify that any explanation contained on lines 9 or
(name of joint-debtor)
12 of this form is true and correct.

Dated: _____

By: _____

Signature of joint-debtor, if any

Printed name of joint-debtor

Home address

Telephone number

Facsimile number

E-mail address

ATTORNEY SIGNATURE

Dated: _____

By: _____

Counsel to _____

Attorney registration number

Business address

Telephone number

Facsimile number

E-mail address